

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<b>FCC 323</b> <b>OWNERSHIP REPORT FOR COMMERCIAL</b> <b>BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY</b> <b>FILE NO. -20100707EGP</b>

**Section I - General Information**

1.	Legal Name of the Respondent 54 BROADCASTING, INC.		
	Street Address (1) 901 W. MARTIN LUTHER KING BOULEVARD		
	Street Address (2)		
	City AUSTIN	State or Country (if foreign address) TX	ZIP Code 78701 -
	Telephone Number (include area code) 5124785400	E-Mail Address (if available)	
	FCC Registration Number: 0006564959	Call Sign KNVA	Facility ID Number 144
2.	Contact Representative CLIFFORD M. HARRINGTON, ESQ.		
	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP		
	Street Address (1) 2300 N STREET, NW		
	Street Address (2)		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1122
	Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 11/01/2009 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.		
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)		

f.	<input type="radio"/> Amendment to a previously filed Ownership Report If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	File Number: -  [ Exhibit 1 ]										
7.	Licensee and Station Information. The stations listed below are all licensed to the following person or entity:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Licensee Name</td> <td>Licensee's FCC Registration Number (FRN)</td> </tr> <tr> <td>54 BROADCASTING, INC.</td> <td>0006564959</td> </tr> </table>		Licensee Name	Licensee's FCC Registration Number (FRN)	54 BROADCASTING, INC.	0006564959							
Licensee Name	Licensee's FCC Registration Number (FRN)											
54 BROADCASTING, INC.	0006564959											
<b>Station List</b>  This Report is filed for the following stations:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Copy</th> <th style="width: 20%;">Call Sign</th> <th style="width: 10%;">Facility ID Number</th> <th style="width: 30%;">Location (City/State)</th> <th style="width: 30%;">Class of service</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>KNVA</td> <td>144</td> <td>AUSTIN , TEXAS</td> <td>Television</td> </tr> </tbody> </table>			Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service	1.	KNVA	144	AUSTIN , TEXAS	Television
Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service								
1.	KNVA	144	AUSTIN , TEXAS	Television								
8.	Respondent is: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="radio"/> Sole Proprietorship  <input checked="" type="radio"/> For-profit corporation          If "Other," describe nature of the Respondent in an Exhibit.       </div> <div> <input type="radio"/> Not-for-profit corporation  <input type="radio"/> General partnership       </div> <div> <input type="radio"/> Limited partnership  <input type="radio"/> Other          [ Exhibit 2 ]       </div> </div>											

**Section II-B - Biennial Ownership Information**

1.	Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise <u>de facto</u> control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements. <input type="checkbox"/> Not Applicable					
<b>Contract Information</b>						
	Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
	1.	CERTIFICATE OF INCORPORATION	STATE OF TEXAS	Month AUGUST Year 1990	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
	2.	BYLAWS	54 BROADCASTING, INC.	Month AUGUST Year 1990	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
	3.	LOCAL MARKETING AGREEMENT	LTC HOLDINGS, INC. AND 54 BROADCASTING, INC.	Month JUNE Year	Month JUNE Year	<input checked="" type="checkbox"/> LMA/radio JSA

			1994	2004 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
4.	FIRST AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month JULY Year 1997	Month JUNE Year 2004 <input checked="" type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
5.	SECOND AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2002	Month JUNE Year 2004 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
6.	THRID AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2009	Month APRIL Year 2017 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)  
☐ Not Applicable

### Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	250000	71197	0	178803

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have

an attributable interest in the Licensee for which the report is being submitted.

### Ownership Interests Information

Copy 1.	Name	54 BROADCASTING, INC.
	Address	Street 901 W. MARTIN LUTHER KING BOULEVARD  City/State AUSTIN , TEXAS Postal/ZIP Code 78701 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
	FCC Registration Number	0006564959
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u>
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total	0 %

	assets (equity debt plus)	
Copy 2.	Name	T. J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	9990015506
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
	Citizenship US	
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets	0 %

	(equity debt plus)	
Copy 3.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0018986562
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u>
	Percentage of votes	95.5 %
	Percentage of equity	95.5 %
	Percentage of total assets (equity debt plus)	95.5 %

(b.)	<p>Respondent certifies that any equity and financial interests not reported in response to Question 3 (a) are non-attributable.</p> <p>If "No," submit as an Exhibit an explanation.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No [ Exhibit 3 ]
(c.)	<p>Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please <a href="#">Click Here</a>.</p> <p><b>[Broadcast Interests Subform]</b></p> <p><b>[Newspaper Interests Subform]</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <p><b>[Enter Familial Relationships Information]</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <p><b>[Enter Attribution Exemption Information]</b></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <p><b>[Enter Respondent Interests Held Information]</b></p>	<input checked="" type="checkbox"/> N/A
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p>	<input type="checkbox"/> N/A [ Exhibit 5 ]

Non-Licensee Respondents should select "N/A" in response to this question.	
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### SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of 54 BROADCASTING, INC.

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature THOMAS J. VAUGHAN	Date 7/07/2010
Telephone Number of Respondent (Include area code) 5124785400	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

### Exhibits

#### Exhibit 3

**Description:** EXHIBIT 3

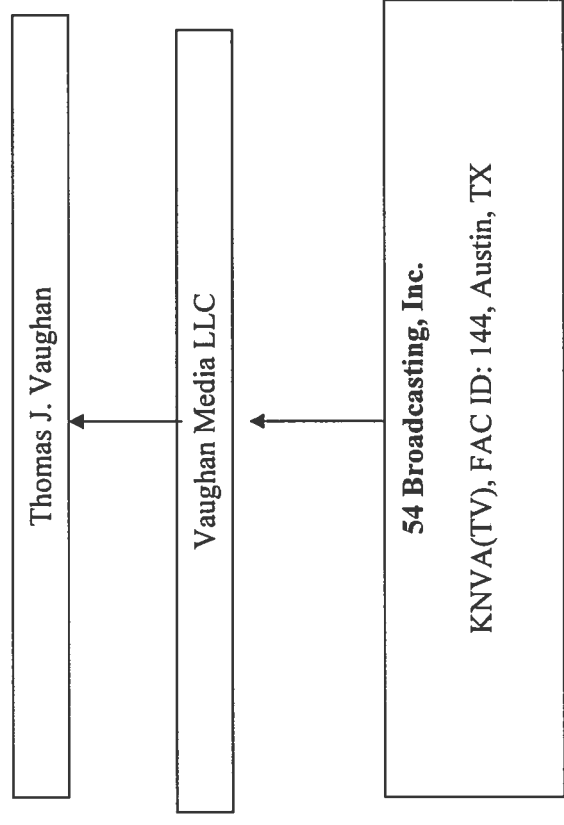
AS DISCLOSED IN SECTION II-B, QUESTION 1, THE LICENSEE IS A PARTY TO A LOCAL MARKETING AGREEMENT ("LMA") WITH LIN TELEVISION OF TEXAS, L.P. ("LIN TEXAS") PURSUANT TO WHICH LIN TEXAS PROVIDES MORE THAN 15 PERCENT OF THE PROGRAMMING OF STATION KNVA(TV). LIN TEXAS ALSO HOLDS LESS THAN A 5 PERCENT VOTING INTEREST IN 54 BROADCASTING, THE LICENSEE OF KNVA. THE LMA, WAS ENTERED INTO PRIOR TO NOVEMBER 5, 1996, AND THEREFORE IS "GRANDFATHERED" UNDER THE COMMISSION'S CURRENT RULES AND POLICIES. FOR THESE REASONS, INFORMATION AS TO LIN TEXAS IS NOT SUBMITTED AS PART OF THIS REPORT. IN AN ABUNDANCE OF CAUTION, IT IS NOTED THAT LIN TEXAS IS A CONTROLLED AFFILIATE OF LIN TELEVISION CORPORATION, WHICH IS IN THE PROCESS OF SUBMITTING ITS OWN BIENNIAL OWNERSHIP REPORTS, AND INFORMATION AS TO THE OWNERSHIP OF LIN TEXAS MAY BE FOUND IN THOSE REPORTS.

#### Attachment 5

Description
Organizational Chart



# 54 Broadcasting, Inc. Organizational Chart



Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<b>FCC 323</b> <b>OWNERSHIP REPORT FOR COMMERCIAL</b> <b>BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY</b> <b>FILE NO. BOA-20111128GUQ</b>

**Section I - General Information**

1.	Legal Name of the Respondent 54 BROADCASTING, INC.		
	Street Address (1) 901 W. MARTIN LUTHER KING BOULEVARD		
	Street Address (2)		
	City AUSTIN	State or Country (if foreign address) TX	ZIP Code 78701 -
	Telephone Number (include area code) 5124785400		E-Mail Address (if available)
	FCC Registration Number: 0006564959		Call Sign KNVA
2.	Contact Representative CLIFFORD M. HARRINGTON, ESQ.		Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP
	Street Address (1) 2300 N STREET, NW		
	Street Address (2)		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1122
	Telephone Number (include area code) 2026638000		E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM
	3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest	
4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)			
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.		
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)		

f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
If an Amendment, <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the previous Report that are being revised.	[ Exhibit 1 ]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
54 BROADCASTING, INC.	0006564959

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KNVA	144	AUSTIN , TEXAS	Television

8. Respondent is:

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership
<input checked="" type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input type="radio"/> Other

If "Other," describe nature of the Respondent in an Exhibit. [ Exhibit 2 ]

### Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA), radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, check "Other" for non-LMA/radio JSA or network affiliation agreements.

☐ Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement type (check appropriate box)
1.	CERTIFICATE OF INCORPORATION	STATE OF TEXAS	Month AUGUST Year 1990	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA <input type="checkbox"/> JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	BYLAWS	54 BROADCASTING, INC.	Month AUGUST Year 1990	Month Year	<input type="checkbox"/> LMA <input type="checkbox"/> JSA <input type="checkbox"/> Network Affiliation Agreement

				<input checked="" type="checkbox"/> No Expiration Date	Agree <input checked="" type="checkbox"/> Oth
3.	LOCAL MARKETING AGREEMENT	LTC HOLDINGS, INC. AND 54 BROADCASTING, INC.	Month JUNE Year 1994	Month JUNE Year 2004 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LM JSA <input type="checkbox"/> Net Affilia Agree <input type="checkbox"/> Oth
4.	FIRST AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month JULY Year 1997	Month JUNE Year 2004 <input checked="" type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LM JSA <input type="checkbox"/> Net Affilia Agree <input type="checkbox"/> Oth
5.	SECOND AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2002	Month JUNE Year 2004 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LM JSA <input type="checkbox"/> Net Affilia Agree <input type="checkbox"/> Oth
6.	THRID AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2009	Month APRIL Year 2017 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LM JSA <input type="checkbox"/> Net Affilia Agree <input type="checkbox"/> Oth

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subj shall respond.)

☐ Not Applicable

### Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	250000	71197	0	178803

☐ Other  
(specify)

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities. In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.)

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such cases, do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the Report is being submitted.

#### Ownership Interests Information

Copy 1.	Name	54 BROADCASTING, INC.
	Address	Street 901 W. MARTIN LUTHER KING BOULEVARD  City/State AUSTIN, TEXAS Postal/ZIP Code 78701 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
	FCC Registration Number	0006564959
	Gender, Ethnicity, Race and Citizenship	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female

	Information (Natural Persons)	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
		<u>Citizenship</u>
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	Name	THOMAS J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	9990015506
		<input type="checkbox"/> N/A (entity)

Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
	<u>Citizenship</u> US	
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 3.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):

FCC Registration Number	0018986562
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	Citizenship
Percentage of votes	96.0 %
Percentage of equity	96.0 %
Percentage of total assets (equity debt plus)	96.0 %

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

If "No," submit as an Exhibit an explanation.

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

#### Broadcast Interest Information

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total	Positional Interest
------	-------------------------	-----------	----------------------	--------------------	---------------------	----------------------	---------------------	---------------------



							assets (EDP)	(Check all that apply)
1.	THOMAS J. VAUGHAN	WBDT	City SPRINGFIELD State OHIO	70138	100.0 %	100.0 %	100.0 %	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): <b>MANAGER</b>
2.	VAUGHAN MEDIA LLC	WBDT	City SPRINGFIELD State OHIO	70138	100.0 %	100.0 %	100.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): <b>MEMBER</b>

## [Newspaper Interests Subform]

(d.)

Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

If "Yes", complete the information describing the relationship.

[Enter Familial Relationships Information]

(e.)

Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?

If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

[Enter Attribution Exemption Information]

4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of a entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <p><b>[Enter Respondent Interests Held Information]</b></p>
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>

### SECTION III - CERTIFICATION

I certify that I am **PRESIDENT**

(Official Title)

of **54 BROADCASTING, INC.**

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature <b>THOMAS J. VAUGHAN</b>	Date <b>11/25/2011</b>
Telephone Number of Respondent (Include area code) <b>5124785400</b>	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

### Exhibits

#### Exhibit 3

**Description: EXHIBIT 3**

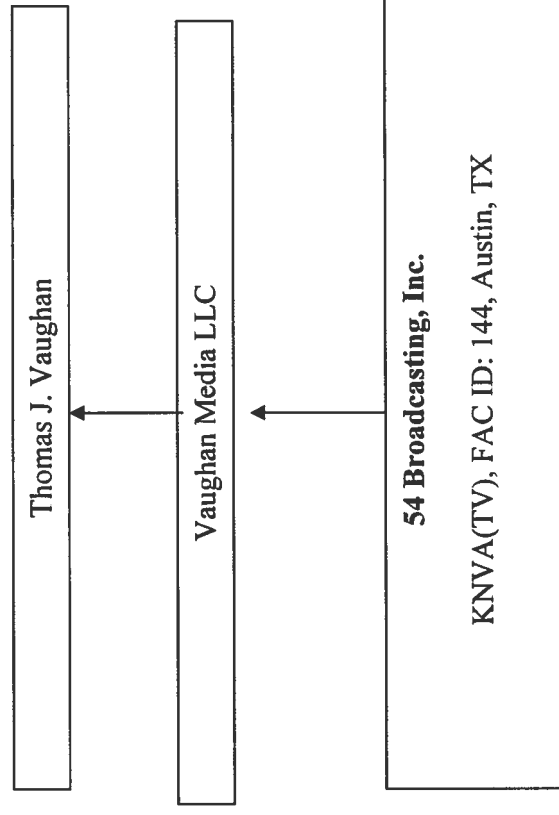
AS DISCLOSED IN SECTION II-B, QUESTION 1, THE LICENSEE IS A PARTY TO A LOCAL MARKETING AGREEMENT ("LMA") WITH LIN TELEVISION OF TEXAS, L.P. ("LIN TEXAS") PURSUANT TO WHICH LIN TEXAS PROVIDES MORE THAN 15 PERCENT OF THE PROGRAMMING OF STATION KNVA(TV). LIN TEXAS ALSO HOLDS LESS THAN A 5 PERCENT VOTING INTEREST IN 54 BROADCASTING, THE LICENSEE OF KNVA. THE LMA, WAS ENTERED INTO PRIOR TO NOVEMBER 5, 1996, AND THEREFORE IS "GRANDFATHERED" UNDER THE COMMISSION'S CURRENT RULES AND POLICIES. FOR THESE REASONS, INFORMATION AS TO LIN TEXAS IS NOT SUBMITTED AS PART OF THIS REPORT. IN AN ABUNDANCE OF CAUTION, IT IS NOTED THAT LIN TEXAS IS A CONTROLLED AFFILIATE OF LIN TELEVISION CORPORATION, WHICH IS IN THE PROCESS OF SUBMITTING ITS OWN BIENNIAL OWNERSHIP REPORTS, AND INFORMATION AS TO THE OWNERSHIP OF LIN TEXAS MAY BE FOUND IN THOSE REPORTS.

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**Attachment 5**

Description
<a href="#"><u>Oragnizational Chart</u></a>

# 54 Broadcasting, Inc. Organizational Chart



Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<p align="center"><b>FCC 323</b>  <b>OWNERSHIP REPORT FOR COMMERCIAL</b>  <b>BROADCAST STATIONS</b></p>		<p align="center"><b>FOR COMMISSION USE ONLY</b>  <b>FILE NO. BOA-20111128GUR</b></p>

**Section I - General Information**

1.	<p>Legal Name of the Respondent VAUGHAN MEDIA LLC</p> <p>Street Address (1) 1850 BURNING TREE DRIVE</p> <p>Street Address (2)</p> <table border="1"> <tr> <td>City DECATUR</td> <td>State or Country (if foreign address) IL</td> <td>ZIP Code 62521 -</td> </tr> <tr> <td>Telephone Number (include area code) 2175213702</td> <td colspan="2">E-Mail Address (if available)</td> </tr> <tr> <td>FCC Registration Number: 0018986562</td> <td>Call Sign KNVA</td> <td>Facility ID Number 144</td> </tr> </table>	City DECATUR	State or Country (if foreign address) IL	ZIP Code 62521 -	Telephone Number (include area code) 2175213702	E-Mail Address (if available)		FCC Registration Number: 0018986562	Call Sign KNVA	Facility ID Number 144	
City DECATUR	State or Country (if foreign address) IL	ZIP Code 62521 -									
Telephone Number (include area code) 2175213702	E-Mail Address (if available)										
FCC Registration Number: 0018986562	Call Sign KNVA	Facility ID Number 144									
2.	<table border="1"> <tr> <td>Contact Representative CLIFFORD M. HARRINGTON, ESQ.</td> <td>Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP</td> </tr> <tr> <td colspan="2">Street Address (1) 2300 N STREET, NW</td> </tr> <tr> <td colspan="2">Street Address (2)</td> </tr> <tr> <td>City WASHINGTON</td> <td>State or Country (if foreign address) DC</td> </tr> <tr> <td>Telephone Number (include area code) 2026638000</td> <td>E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM</td> </tr> </table>	Contact Representative CLIFFORD M. HARRINGTON, ESQ.	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP	Street Address (1) 2300 N STREET, NW		Street Address (2)		City WASHINGTON	State or Country (if foreign address) DC	Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM
Contact Representative CLIFFORD M. HARRINGTON, ESQ.	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP										
Street Address (1) 2300 N STREET, NW											
Street Address (2)											
City WASHINGTON	State or Country (if foreign address) DC										
Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM										
3.	<p>Nature of Respondent (See Instructions for definitions)</p> <p><input type="radio"/> Licensee</p> <p><input type="radio"/> Permittee</p> <p><input checked="" type="radio"/> Entity with an attributable interest</p>										
4.	<p>If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114):</p> <p><input type="radio"/> Governmental Entity <input checked="" type="radio"/> Other <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)</p>										
5.	<p>All of the information furnished in this Report is accurate as of 10/01/2011  <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i></p>										
6.	<p>Purpose: This Report is filed for: (choose one)</p> <p>a. <input checked="" type="radio"/> Biennial</p> <p>b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)</p> <p>c. <input type="radio"/> Transfer of Control or Assignment of License/Permit</p> <p>d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.</p> <p>e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)</p>										

f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
If an Amendment, <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the previous Report that are being revised.	[ Exhibit 1 ]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
54 BROADCASTING, INC.	0006564959

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KNVA	144	AUSTIN, TEXAS	Television

8. Respondent is:

<input type="radio"/> Sole Proprietorship <input type="radio"/> For-profit corporation If "Other," describe nature of the Respondent in an Exhibit.	<input type="radio"/> Not-for-profit corporation <input type="radio"/> General partnership	<input type="radio"/> Limited partnership <input checked="" type="radio"/> Other [ Exhibit 2 ]
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**Section II-B - Biennial Ownership Information**

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensee majority interest in or that otherwise exercise *de facto* control over the subject Licensee shall respond. Other Respondents shall respond "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (RJSA) or a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or other agreements.

☐ Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	( )
1.	CERTIFICATE OF FORMATION, AS AMENDED	STATE OF ILLINOIS	Month NOVEMBER Year 2007	Month Year <input checked="" type="checkbox"/> No Expiration Date	( ) <input type="checkbox"/> A <input checked="" type="checkbox"/>
2.	OPERATING AGREEMENT	SOLE MEMBERS	Month NOVEMBER Year 2007	Month Year	( ) <input type="checkbox"/> A <input checked="" type="checkbox"/>

☒ No  
Expiration Date

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subrespond.)  
☒ Not Applicable

[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which it is submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organization holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

#### Ownership Interests Information

Copy 1.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR, ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner

		<input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
	FCC Registration Number	0018986562
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u>
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	Name	THOMAS J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest



Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	9990015506
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	100.0 %
Percentage of equity	100.0 %
Percentage of total assets (equity debt plus)	100.0 %
(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.  If "No," submit as an Exhibit an explanation.
(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in a broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?  If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the

of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specific to the format. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), [Click Here](#).

Broadcast Interest Information								
Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional (Check all that apply)
1.	THOMAS J. VAUGHAN	WBDT	City SPRINGFIELD State OHIO	70138	100.0 %	100.0 %	100.0 %	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attribution <input checked="" type="checkbox"/> Other (please specify): MANAGER
2.	VAUGHAN MEDIA LLC	WBDT	City SPRINGFIELD State OHIO	70138	100.0 %	100.0 %	100.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attribution <input checked="" type="checkbox"/> Other (please specify): ME

**[Newspaper Interests Subform]**

(d.)

Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

If "Yes", complete the information describing the relationship.

**[Enter Familial Relationships Information]**

(e.)

Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?

If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities and explaining why that individual should not be attributed an interest.

**[Enter Attribution Exemption Information]**

4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of a which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure consistency.</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="3">Respondent's Interests</th> </tr> <tr> <td rowspan="2">Copy 1.</td> <td>Name</td> <td>54 BROADCASTING, INC.</td> </tr> <tr> <td>FCC Registration Number</td> <td>0006564959</td> </tr> <tr> <td rowspan="2">Copy 2.</td> <td>Name</td> <td>WBDT TELEVISION LLC</td> </tr> <tr> <td>FCC Registration Number</td> <td>0020882692</td> </tr> </table>	Respondent's Interests			Copy 1.	Name	54 BROADCASTING, INC.	FCC Registration Number	0006564959	Copy 2.	Name	WBDT TELEVISION LLC	FCC Registration Number	0020882692
Respondent's Interests														
Copy 1.	Name	54 BROADCASTING, INC.												
	FCC Registration Number	0006564959												
Copy 2.	Name	WBDT TELEVISION LLC												
	FCC Registration Number	0020882692												
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>													

### SECTION III - CERTIFICATION

I certify that I am **SOLE MEMBER**

(Official Title)

of **VAUGHAN MEDIA LLC**

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature <b>THOMAS J. VAUGHAN</b>	Date <b>11/25/2011</b>
Telephone Number of Respondent (Include area code) <b>2175213702</b>	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

## **Exhibits**

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### **Exhibit 2**

**Description:** NATURE OF RESPONDENT

RESPONDENT IS A LIMITED LIABILITY COMPANY.